

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3351ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2010
NAME OF PROVIDER OR SUPPLIER SPECIALTY SURGICARE OF LAS VEGAS, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 7250 CATHEDRAL ROCK LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 26855 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 01/05/10 and finalized on 01/06/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	A 00		
A102 SS=D	<p>NAC 449.983 Protection from Fire and Other Disaster</p> <p>1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for:</p>	A102		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A102	Continued From page 1 (i)A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and document review the facility failed to ensure a disaster drill was conducted at the facility at least once a year. 1. A review of the facilities disaster drill records revealed the last documented disaster drill conducted at the facility was on 04/25/07. 2. On 01/05/09 at 4:30 PM the administrator confirmed the facility had not conducted any disaster drills in the past year. Severity: 2 Scope: 1	A102			
A112 SS=D	NAC 449.9855 PERSONNEL 2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and the facilities tuberculosis exposure control plan, the facility failed to ensure 2 out of 10 employees surveyed had record of an initial 2 step Mantoux tuberculin skin test upon hire. (employees # 1, # 8) Severity: 2 Scope: 1	A112			

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